FORM MPAC MONTHLY FILING GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Filer ID 2 Total pages filed: The MPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00055755 3 COMMITTEE NAME **OFFICE USE ONLY** Dallas County Medical Society PAC Date Received **ELECTRONICALLY FILED** 06/04/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #: CITY: STATE: ZIP **ADDRESS DCMS** 2611 Fairmount St Change of Address Dallas, TX 75201 Date Hand-delivered or Date Postmarked MS / MRS / MR **FIRST CAMPAIGN** MI **TREASURER** Receipt # Amount Gabriela NAME Date Processed **NICKNAME SUFFIX** LAST Date Imaged Uquillas CAMPAIGN APT / SUITE #; STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE **TREASURER** 2611 Fairmount St STREET **ADDRESS** (Residence or Business) Dallas, TX 75201 **CAMPAIGN** STREET ADDRESS OR PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **TREASURER** 140 East 12th Street MAILING **ADDRESS** Change of Address Dallas, TX 75205 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** (214) 413-1426 REPORT TYPE 10th day after campaign X Monthly Dissolution (Attach PAC-DR) treasurer termination 10 MONTHLY January 5 April 5 July 5 October 5 REPORT FILING **DEADLINE** February 5 May 5 August 5 November 5 September 5 December 5 March 5 X June 5 11 PERIOD Month Day Year Month Day Year **THROUGH COVERED** 04/26/2024 05/25/2024

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

				1	
2 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Dallas County Medica	al Society PAC			00055755	
4 COMMITTEE	1. Candidates	A. Supported			
ACTIVITY	(Identify by name or, if applicable, classify by party.)				
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2 Manguras	A. Supported			
	Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted				
	(Identify by name or, if applicable, classify by party.)				
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTR OR GUARANTEES O MADE ELECTRONICA qualifies for the higher ite	LLY)	\$	0.00
	2. TOTAL POLITICA	L CONTRIBUTION		\$	91.17
EXPENDITURE TOTALS	EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$	0.00	
	4. TOTAL POLITICA	AL EXPENDITURES	3	\$	0.00
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		DAY \$	36,067.15
OUTSTANDING LOAN TOTALS	•	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			0.00
6 AFFIDAVIT				1	
		true and	, or affirm, under penalty of pe d correct and includes all info litle 15, Election Code.	erjury, that the a	accompanying report is d to be reported by me
			Gahriel	a Uquillas	
			Signature of Ca		urer
AFFIX NOTAI	RY STAMP / SEAL ABOVE		ū	, ,	
Sworn to and subscrib	ed hefore me, by the said			this the	day
					day
Signature of officer	administering oath	Printed name of office	er administering oath	Title of office	cer administering oath
-	-		<u> </u>		Ç

SUBTOTALS - MPAC

FORM MPAC COVER SHEET PG 3

3 of 5					
17 COMMITTEE NAME Dallas County Medical Society PAC	18 Filer ID 00055755	(Ethics Commission Filers)			
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4. SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	\$				
5. SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	\$				
6. SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	\$				
7. SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION	!	\$			
8. SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$			
9. SCHEDULE E: LOANS		\$			
10. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$			
11. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
12. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
13. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
14. X SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$ 65.55			
15. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I	RETURNED	\$			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 1/1 Rpt: 4/5		
2	FILER NAME Dallas Coun	LER NAME allas County Medical Society PAC			Filer ID (Ethics Commission 00055755	Filers)	
4	Date 05/15/2024			7	Amount of Contribution (\$)	\$0.17	
_	Dein ein al. a ann	Frisco, TX 75034-6875	2. Eurolaura (Ora hastaustina)				
8	Principal occu Physician	pation / Job title (See Instructions)	9 Employer (See Instructions))			
	Date Full name of contributor out-of-state PAC (ID#:) 05/13/2024 Berryman M.D., Robert Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$42.00	
		Dallas, TX 75246-2012					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Dossett M.D., Lucy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$42.00	
		Roanoke, TX 76262-0619					
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 05/15/2024	Full name of contributor out-of-state PAC (ID#:_ Patel M.D., Amit Contributor address; City; State; Zip Code Dallas, TX 75219-4301			Amount of Contribution (\$)	\$7.00	
	Principal occu Physician	pation / Job title (See Instructions)	Employer (See Instructions)			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to complete this form.		
1 Total pages Schedule I: Sch: 1/1 Rpt: 5/5	2 FILER NAME Dallas County Medical Society PAC 3 Filer ID (Ethics Commission Filers) 00055755		
4 Date 04/30/2024	5 Payee name Dallas County Medial Society		
6 Amount (\$) 10.95 Expenditure from corporate funds	7 Payee Address; City; State; Zip 2611 Fairmount St Dallas, TX 75201		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Consulting Expense (b) Description Admin fees		
Date 04/30/2024	Payee name Dallas County Medial Society		
Amount (\$) 44.77 Expenditure from	Payee Address; City; State; Zip 2611 Fairmount St		
Corporate funds PURPOSE OF EXPENDITURE	Dallas, TX 75201 (a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) Accounting system		
Date 04/30/2024	Payee name Dallas County Medial Society		
Amount (\$) 9.83 Expenditure from corporate funds	Payee Address; City; State; Zip 2611 Fairmount St Dallas, TX 75201		
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) banking fees		
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